

FILED APR 19 1943

Registration District No. 334

Primary Registration District No. 249 ✓

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Bhodgett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Bhodgett
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Mary Mahissa Beggs

3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Arthur Beggs
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Mar. 22 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Park C. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Robert Capps
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bush
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant W.A. Beggs
(b) Address Bledgett Mo
17. (a) Burial (b) Date thereof May 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Morhen, Morhen Mo.
18. (a) Signature of funeral director B. S. Hubbard
(b) Address Chaffee Mo.
19. (a) 4-2-1943 (b) Mrs. A. J. Mcnair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1943 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from am
3/21 1943 to 3/21 1943
that I last saw her alive on 3/21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage hrs.

Due to Vascular Hypertension ?

Due to 83a
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 83a
Of autopsy 83a

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 83a
(b) Date of occurrence 83a
(c) Where did injury occur? (City or town) (County) (State) 83a
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 83a

While at work? (Specify type of place) (e) Means of injury 83a
23. Signature J. A. Clinch (M. D. or other) 83a
Address Gran Mo Date signed 3/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 443-543

Date Filed 4-15-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Mamie B. Bunting Proff

Licensed Embalmer No. 3272

P. O. Address Chaffie Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.